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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/596,989	
Filing Date	02/09/2006	
First Named Inventor	Hao Zhu	
Art Unit	N/A	
Examiner Name	To be assigned	
Attorney Docket Number	57923.00010.UTL	

To: Commissioner for P.O. Box 1450 Alexandria, VA 2							
Please withdraw me as attorney or agent for the above identified patent application, and							
all the attorney	/s/agents of record.						
the attorneys/agents (with registration numbers) listed on the attached paper(s), or							
the attorneys/a	the attorneys/agents associated with Customer Number 36183						
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.							
The reasons for this requ	uest are: Client's failure to pay						
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CORRESPONDENCE ADDRESS							
1. The correspondence address is NOT affected by this withdrawal.							
2. Change the corr	2. Change the correspondence address and direct all future correspondence to:						
The address associ	ated with Customer Number:						
OR	L.						
Eiro or							
Individual Name	Apexone Microelectronics Co. Ltd.						
Address	Building 14, No. 116, Lane 571 Bibo I Zhangjiang Hi-Tech Park	Road					
City	Shanghai	State		Zip	201203		
Country	CHINA						
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Signature Tue	- (blels						
Name Trevor Q. Codo	lington		Registration N	40,000			
Date March 27, 2008	27, 2008		Telephone No. (858) 720-2500				
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.							

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